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Date of Deposit

MICHAEL D. GANNON, (36,807)

Name of Applicant, assignee or
Registered Representative

Signature

RECEIVED
MAY 21 2003
GROUP 3600

S/A
Rosen
asst

Our Case No. 8773/118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Li et al.

Serial No.: 10/027,689

Filing Date: December 21, 2001

For: Spool Apparatus and Method for
Harnessing Optical Fiber To a Circuit Board

)
)
) Examiner: Sang Kim
)
)
) Group Art Unit No.: 3654
)
)
)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 11, 2003, please enter the following Amendment in the above-identified application and consider the following remarks.



3654

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	8773/118
Application Number	10/027,689
Filing Date	December 21, 2001
First Named Inventor	Li et al.
Group Art Unit	3654
Examiner	Sang Kim

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GROUP 3654

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response. <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input type="checkbox"/> Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	19	Minus	20	0	x \$9=	0		x \$18=	
Indep.	3	Minus	3	0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	--		+\$280=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael D. Gannon Registration No. 36,807 BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date:	May 12 th , 2003

CERTIFICATE OF MAILING

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Signature	 Michael D. Gannon	Date:	May 12 th , 2003
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